

**CHILD CARE PROVIDER**  
**DENIAL NOTICE**

CC-1626A  
1-98

Date of Mailing: \_\_\_\_\_ Local DCF Office: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Our agency has considered your request and/or completed a review of your most recent application to enroll as a provider of child care services for families who receive DCF Child Care Assistance.

Our agency will not enter into an agreement with you at this time.

Reasons for denial have been marked with an "X".

- ☐ License has expired.
- ☐ License has been terminated.
- ☐ Failure to respond to attempted contacts by agency.
- ☐ Provider's request.
- ☐ Other \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you disagree with this action, you have a right to a fair hearing. Contact the agency immediately for instructions on how to file

\_\_\_\_\_  
DCF Staff Signature

\_\_\_\_\_  
Date

Distribution: White, DCF File; Yellow, Addresses.